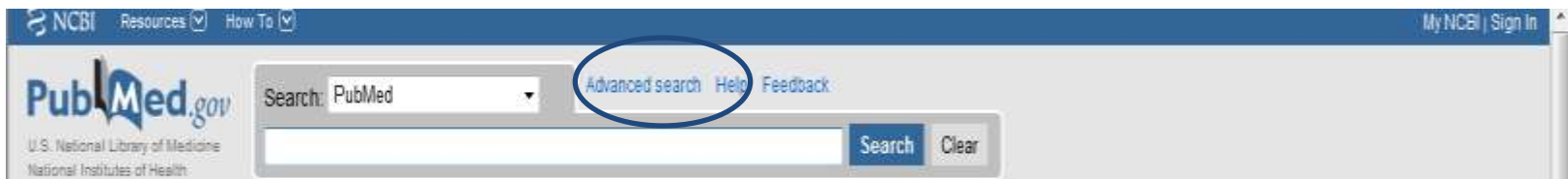


Guía breve de uso de Medline a través de PubMed



- <http://preview.ncbi.nlm.nih.gov/pubmed>

- La nueva versión de PubMed presenta dos posibilidades de búsqueda, la búsqueda básica (aparece por defecto)



y la avanzada (*advanced search*).

BÚSQUEDA BÁSICA

Welcome to PubMed
The PubMed database comprises more than 19 million citations for

- Localiza cualquier término/s presente/s en las referencias (título, resumen, materia...).
- Para buscar una frase, es necesario entrecomillarla
- “rheumatic diseases”

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- Para delimitar una búsqueda:

1.- Uso de operadores booleanos en mayúsculas (AND, OR y NOT)

- AND - recupera solo citas que contengan los términos.

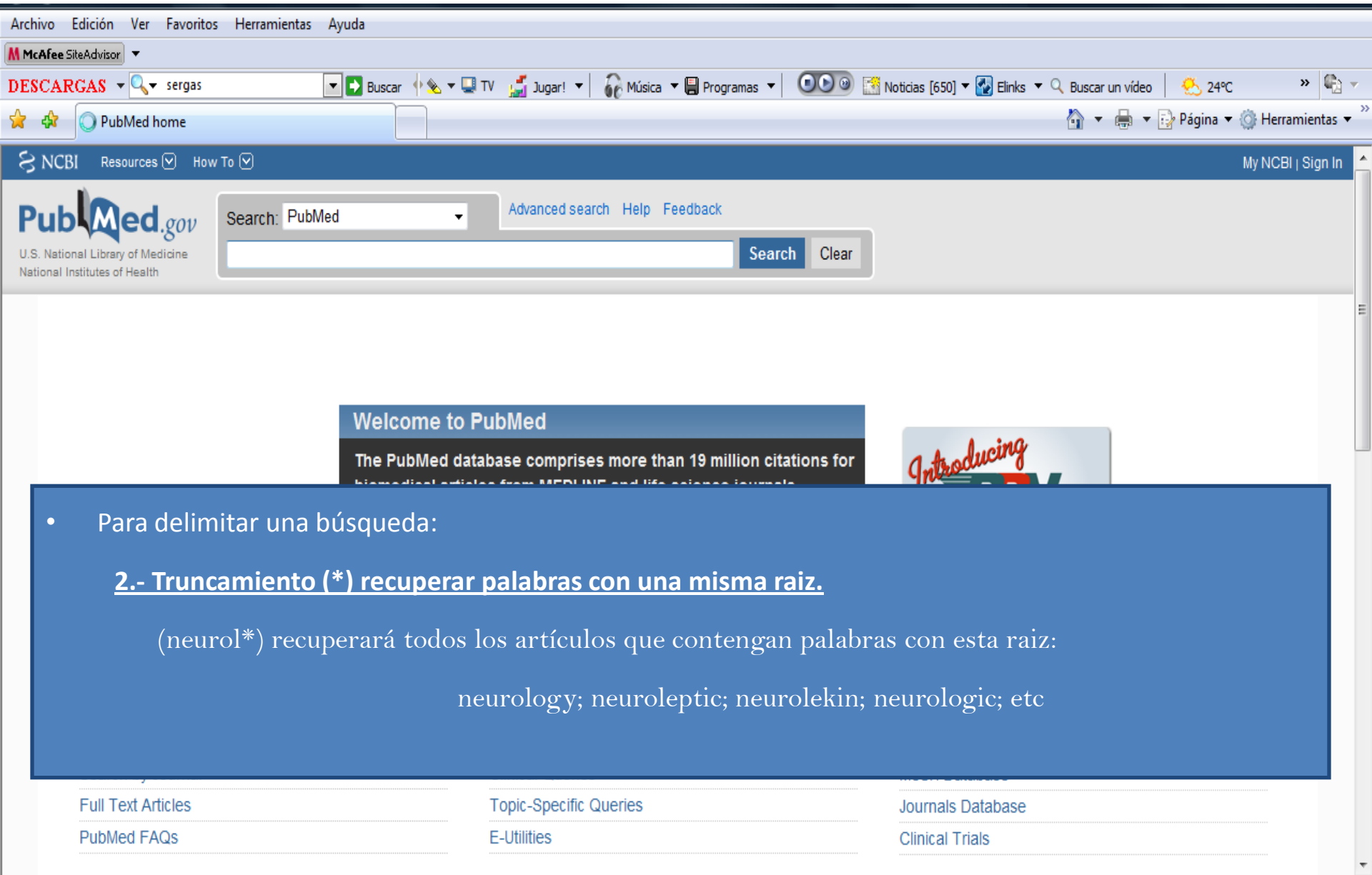
Ej.: *"rheumatic diseases" AND pregnancy*

- OR - recupera citas que contengan los dos términos, o al menos uno de ellos

Ej.: *fever OR hyperthermia*

- NOT - excluye las citas que contengan el término precedido de NOT

Ej.: *Hypertension NOT pulmonary*

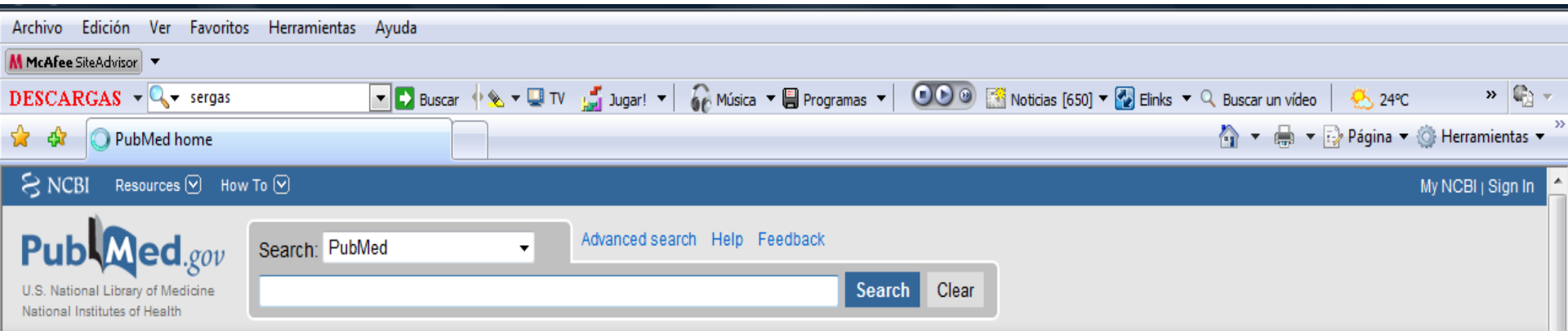


- Para delimitar una búsqueda:

2.- Truncamiento (*) recuperar palabras con una misma raiz.

(neuro^{*}) recuperará todos los artículos que contengan palabras con esta raiz:

neurology; neuroleptic; neurolekin; neurologic; etc



- Para delimitar una búsqueda:

3.- Uso de etiquetas de campo (Tags)

- Cada campo de una referencia, se identifica mediante una etiqueta de dos o más letras (calificadores de campo), que podemos añadir a continuación de cada término entre corchetes:
 - ej.: mycobacterium bovis [mh].
- Para limitar un término a un campo específico, es necesario escribir el término seguido de la abreviatura del campo entre corchetes
 - Smith [au] hypertension [ti]

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• Además, esta pantalla ofrece una serie de servicios y recursos adicionales

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Systematic Reviews: recupera revisiones sistemáticas, meta-análisis, conferencias de consenso, guías de práctica clínica etc.

Medical Genetics: recupera registros relacionados con la genética médica.

OTROS RECURSOS

MESH Database: permite buscar por descriptores/ palabras clave (MESH) que la base de datos ha asignado a los referencias.

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Search

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- #6 Search (smith[ti]) AND "complejo hospitalario"
- #5 Search smith[ti]
- #4 Search infection* [ti]
- #3 Search infection*

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- Combinarlas entre sí (utilizando el número asignado a la búsqueda, precedido del signo #)

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Fill in any or all of the fields below, as needed.

All of these (AND) Any of these (OR)

Corporate Author

Journal

Publication Date

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BÚSQUEDA ASISTIDA: Permite acceder a una lista de términos dentro de un campo específico ej.: MeSH Terms, Author Name, etc y seleccionar los términos para elaborar una estrategia de búsqueda utilizando los operadores booleanos AND, OR y NOT.

Clear All

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Ages

All Infant: birth-23 months
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[Chou R, Fu R, Carrino JA, Deyo RA.](#)

Oregon Health and Science University, Portland, OR, USA.

Comment in:

[Ann Intern Med.](#) 2009 Jun 16;150(12):JC6-7.

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BACKGROUND: Some clinicians do lumbar imaging routinely or in the absence of indications of serious underlying conditions. **METHODS:** We analysed randomised controlled trials comparing immediate lumbar imaging versus usual clinical care without imaging for low-back pain. These trials reported pain outcomes (based on various scales), and patient satisfaction in care received. Six trials (total n=1000) met our criteria adapted from the Cochrane Back Review Group. Meta-analyses were done comparing immediate lumbar imaging and usual care without immediate imaging for primary outcomes (mean difference in pain and 0.11, -0.29 to 0.50 for function, negative values favouring imaging) follow-up. Other outcomes did not differ significantly. Trial quality, and applicability of results were limited by small numbers of trials. Results are most applicable to patients with acute or subacute low-back pain and without features suggesting a serious underlying condition.

Lumbar imaging for low-back pain without indications of serious underlying conditions does not improve clinical outcomes. Therefore, clinicians should refrain from routine, immediate lumbar imaging in patients with acute or subacute low-back pain and without features suggesting a serious underlying condition.

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Chou R, Fu R, Carrivickraman S, et al

Oregon Health and Sciences University

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Lancet. 2009 Feb 7;373(9677):1073-81

BACKGROUND: So many people have low-back pain that it is a leading cause of disability. The effects of routine, immediate lumbar imaging on clinical and economic benefits of care without immediate imaging (based on various studies) are unclear.

OBJECTIVE: To assess the effects of routine, immediate lumbar imaging on clinical and economic benefits of care without immediate imaging (based on various studies).

DESIGN: Systematic review and meta-analysis of randomised controlled trials.

SETTING: Primary care settings.

MEASUREMENTS AND MAIN RESULTS: We searched MEDLINE, EMBASE, and Cochrane databases for randomised controlled trials comparing immediate lumbar imaging with usual care without immediate imaging for primary outcomes at either short-term (up to 3 months, standardised mean difference 0.19, 95% CI -0.01 to 0.39 for pain and 0.11, -0.29 to 0.50 for function, negative values favour routine imaging) or long-term (6-12 months, -0.04, -0.15 to 0.07 for pain and 0.01, -0.17 to 0.19 for function) follow-up. Other outcomes did not differ significantly. Trial quality, use of different imaging methods, and duration of low-back pain did not affect the results, but analyses were limited by small numbers of trials. Results are most applicable to acute or subacute low-back pain assessed in primary-care settings. INTERPRETATION: Lumbar imaging for low-back pain without indications of serious underlying conditions does not improve clinical outcomes. Therefore, clinicians should refrain from routine, immediate lumbar imaging in patients with acute or subacute low-back pain and without features suggesting a serious underlying condition.

KEY WORDS: Imaging, low-back pain, systematic review, meta-analysis.

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